



STATE OF HAWAII
DEPARTMENT OF HEALTH
FAMILY HEALTH SERVICES DIVISION
MATERNAL AND CHILD HEALTH BRANCH
741-A SUNSET AVENUE
HONOLULU, HAWAII 96816

November 23, 2004

To: Healthy Start Applicants

From: Mark Yabui, Contract Specialist

Subject: **Addendum 3 to RFP Number HTH 550-3**
(Responses to Written Questions Submitted by November 12, 2004)

1. Question from Applicant

What was the Department's rationale for regrouping census tract division on the island of Oahu (Honolulu and Leeward Oahu)?

Answer to Applicant

The goal of updating the census tract division is to better balance the number of births with contiguous geographical service delivery areas.

2. Question from Applicant

Please provide the birth rates, at-risks (assessed positive) and acceptance rates of the new census tract groupings on Oahu.

Answer to Applicant

The birth rate by county may be found on the Department of Health website:

http://www.hawaii.gov/health/statistics/vital-statistics/index.html/vs_prelm/vs_pre03.html

In order to project percentages of at-risk families and possible rates of acceptance for home visiting services, you may apply the following current statewide percentages to the census tract areas you are applying for. Out of the 100% of civilian births statewide, 49% are screened positive, and of those that are screened positive, 46% are assessed positive. From the 46% assessed positive, 78% are accepted and enrolled into Healthy Start services. It is understood of course that the system strives for the highest percentage possible of acceptance and enrollment in all service areas.

3. Question from Applicant

If families are served by a new provider as a result of modifications to census tract grouping what provision will be made for continuity of service to consumers?

Answer to Applicant

A transition plan will be negotiated after the release of the Findings and Decisions and prior to July 1, 2005.

4. Question from Applicant

What baseline data is requested for Table A given the modification to census tract grouping on Oahu? Baseline data is not available for the new division.

Answer to Applicant

Baseline data may be estimated but should be aligned with stated performance objectives.

5. Question from Applicant

Given the change to the minimum qualifications for Clinical Supervisor and Clinical Specialist, will the existing staff who may not meet those qualification be “grandmothered” in or will the provider be required to submit a request for waiver.

Answer to Applicant

Please see Section 2 page 2-10, sixth paragraph.

“...Any deviation from the above staffing requirements shall require approval by the MCHB and will be determined on a case-by-case basis.”

6. Question from Applicant

If an agency is applying for multiple geographical areas, may they submit one proposal or do they need to submit a proposal for each area?

Answer to Applicant

One proposal may be submitted for multiple geographical areas for the islands of Oahu and Hawaii.

7. Question from Applicant

Please define “site” (as in “one Clinical Specialist per site” or “one Child Development Specialist per “site” is required).

Answer to Applicant

The term “site” commonly refers to a “program site”. Some program sites may have one or more team service areas. The Healthy Start Program expects the Child Development Specialist (CDS) and the Clinical Specialist (CSp) to follow the HS program model, e.g.,

for the former to assess and refer all children with suspected developmental delays and for the latter to assist with treatment readiness in areas such as mental health, substance abuse, and family violence. The number of CDSs and CSps needed will depend on the projected caseloads of the service areas you are applying for.

8. Question from Applicant

In terms of the 35 page limit for Section II, III and IV (General instruction pg 3-1) is there some flexibility between these sections so that we are in compliance as long as we don't exceed the maximum 35 page limit or must we maintain the page amounts in section 3-1 and 3-3 as written.

Answer to Applicant

You are required to follow the requirements as specified in section 3, pages 3-1 and 3-3.

9. Question from Applicant

It seems clear that we should follow the outline listed on pg. ii. However, Section 3 has a different lettering system. I think somehow, that the correct lettering was omitted in this section. Therefore, for clarity, should we just follow the outline as it's written in ii which also matches the sample Table of Contents?

Answer to Applicant

Follow the outline as written on page ii.

10. Question from Applicant

How does the secondary purchase need to be addressed, if at all, in the proposal?

Answer to Applicant

Applicants do not have to address the secondary purchase specifications in their proposals to the Department of Health. Separate contracts for the secondary purchases will be negotiated by the Department of Human Services (DHS) with the awardees based on the secondary purchase specification in the RFP. The State may hold discussions with applicants after proposals are submitted but prior to the award to clarify whether applicants would have the capacity and the willingness to provide services under DHS' secondary purchase.

11. Question from Applicant

Column C of the Performance Measures lists FY2005-09. Do you mean 2006-09 as we are already in FY 2005 now?

Answer to Applicant

Yes, Column C of the Performance Measures should have read FY2006 to 2009.

12. Question from Applicant

What is the relationship of the Tables to the Evaluation Criteria? It appears that Table A Performance Measures is asking for information on past performance rather than prospective performance. If this interpretation is correct, will the information from Table A be used to evaluate the proposal?

Answer to Applicant

The Performance Measures will not be used in the evaluation of the proposal.

13. Question from Applicant

What happens if someone who never administered the Healthy Start Program sends in a proposal? They would not be able to provide data for FY04. On what basis would they be evaluated then?

Answer to Applicant

The Performance Measures will not be used in the evaluation of the proposal.

14. Question from Applicant

How do you define “adequate birth spacing” in p. 4-6?

Answer to Applicant

“Adequate birth spacing” is considered to be a minimum of two years between births as defined by Healthy People 2010, Objective 9-2.

15. Question from Applicant

Explain the difference between B1 and B2. In B1 it states, “applicant shall describe ability to supervise, train and provide administrative direction relative to the delivery of the proposed service”. In B2 it asks to “describe the approach/system for communication, supervision, training and provision of administrative direction “Ability and approach seem to be very closely connected.

Answer to Applicant

Ability is the capability to provide while approach is the actual provision of said capability. Both areas must be addressed in the proposal submitted. [Refer to Section 2 & 3, Page 3-4]

16. Question from Applicant

Question of the changed language in HTH 550-3 pg 3-6 Service Delivery Section A. In your memo of 10/20, you said to delete that section and replace it with the new language. However, the new replaced language also asks for the baseline data as it is stated that you must complete Column A, B, C and D. Can you explain the difference between the two?

Answer to Applicant

The paragraph was reworded from completing Table A to completing Columns A, B, C and D. There are no major differences between the two.

17. Question from Applicant

Do you want all of the Performance Objectives to be written into the narrative of the Proposal in the Service Delivery Section or is it enough if it is only attached in the Tables?

Answer to Applicant

You may attach your performance objectives directly to the Tables.

18. Question from Applicant

Regarding page 6 of the Addendum, I have a question on the wording of #5-8. It mentions the RPN. However, in a previous section, on p.3, it states that the “enhanced services may include an RPN instead of a CDS...” Therefore, should the language on p. 6-7 add CDS or RPN to allow for either professional category?

Answers to Applicant

Clarifications are in reference to Addendum 1 dated October 20, 2004, Item III.A. Service Activities, pages 6-7

Page 6, No. 5.

This service activity may be provided by either a Clinical Specialist or a Registered Professional Nurse (RPN).

Pages 6-7, No. 6-7

These service activities are required to be done by a RPN. A Healthy Start Provider is not required to perform these services if a RPN is unavailable.

Page 7, No. 8

A Child Development Specialist may substitute for an RPN.

19. Question from Applicant

Regarding the follow-up contact with families described in #9, what is the protocol if there is a difference of opinion between CWS/Diversion and Healthy Start services on whether they are in need of additional CWS or HS services? Is the intent to have both HS and CWS do the same follow-up activities?

Answer to Applicant

Clarifications are in reference to Addendum 1 dated October 20, 2004, Item III.A. Service Activities, page 7.

Page 7, No. 9

Under this contract, families will be open to either CWS and Healthy Start (HS), or CWS Diversion and Healthy Start. Follow-up contact with families by Provider will occur if the case is closed by all parties (CWS, CWS Diversion, and HS). If the Provider determines that additional HS services are needed, the Provider is then responsible for providing the needed HS services. If the Provider believes that additional CWS services are needed due to abuse or risk of abuse, the Provider must report this to CWS. It is up to CWS intake staff to open a CWS case, refer it for Diversion, or do neither. If there is a disagreement between CWS Intake and Provider, the Provider would need to talk to the CWS worker, supervisor, section administrator and follow the chain of command for clarification about why the case was not accepted.